

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

PREFACE to Attachment 3.1-A

The following statement applies to all services provided, as listed on the following pages of this Attachment:

Items or services that are determined to be experimental or investigational are not covered benefits. Such determinations will be made by the Medical Services Administration, based on qualified medical advice that the items or services have not been generally accepted by the professional medical community as effective and proven treatments for the conditions for which they are being used or are to be used. This advice will originate from established sources such as Medicare, National Institutes of Health, Food and Drug Administration (FDA), the AMA's Diagnostic and Therapeutic Technology Assessment (DATTA) Program, etc. The determinations are not judgments that a physician's choice is inappropriate or that a patient does not need treatment.

WE MAKE NO DIFFERENTIATION BETWEEN CATEGORICALLY  
AND MEDICALLY NEEDY. THEREFORE, ATTACHMENT 3.1-A  
REFERS TO BOTH OF THESE CATEGORIES.

HCFA-179 # 89-7 Date Rec'd 3/22/89  
Supersedes 87-8 Date Appr. 5/17/89  
State Rep. In. R94 Date Eff. 4/1/89

Text: 10/1/84  
Page verif.: 04/01/87

State/Territory: MICHIGAN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations\*

- 2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations\*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the state plan).

☐ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: ☐ No limitations ☒ With limitations\*

3. Other laboratory and x-ray services.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. 92-5  
Supersedes 90-09 Approval Date 4-13-92 Effective Date 10-01-91  
TN No. 90-09

HCFA ID: 7986E

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State/Territory: MICHIGAN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
Provided: ☐ No limitations ☒ With limitations\*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*
- 4.c. Family planning services and supplies for individuals of child-bearing age.  
Provided: ☐ No limitations ☒ With limitations\*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.  
Provided: ☐ No limitations ☒ With limitations\*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).  
Provided: ☐ No limitations ☒ With limitations\*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.  
Provided: ☐ No limitations ☒ With limitations\*

\* Description provided on attachment.

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TN No. 93-029 Approval Date 12-7-93 Effective Date 10-01-93  
Supersedes  
TN No. 93-06

State/Territory: MICHIGAN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of  
limitations, if any.  
☐ Not provided.

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7. Home health services.

a. Intermittent or part-time nursing services provided by a home health  
agency or by a registered nurse when no home health agency exists in the  
area.

Provided: ☐ No limitations ☒ With limitations\*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the  
home.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. 92-32

Supersedes

TN No. 91-36

Approval Date

1-6-93

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10-01-92

State/Territory: MICHIGAN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

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\*Description provided on attachment.

TN No. 92-5  
Supersedes N/A Approval Date 4-13-92 Effective Date 10-01-91  
TN No. N/A

HCFA ID: 7986E

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY**

9. Clinic services

<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations*
<input type="checkbox"/> Not Provided	<input type="checkbox"/>	<input type="checkbox"/>

10. Dental services

<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations*
<input type="checkbox"/> Not Provided	<input type="checkbox"/>	<input type="checkbox"/>

11. Physical therapy and related services

a. Physical therapy

gfb

<input type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input type="checkbox"/> With limitations*
<input checked="" type="checkbox"/> Not Provided	<input type="checkbox"/>	<input type="checkbox"/>

b. Occupational therapy

<input type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input type="checkbox"/> With limitations*
<input checked="" type="checkbox"/> Not Provided	<input type="checkbox"/>	<input type="checkbox"/>

c. Services for individuals with speech, hearing, and language disorders  
(provided by or under the supervision of a speech pathologist or audiologist).

<input type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input type="checkbox"/> With limitations*
<input checked="" type="checkbox"/> Not Provided	<input type="checkbox"/>	<input type="checkbox"/>

\*Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No Limitations ☒ With Limitations\*  
☐ Not Provided

b. Dentures

☒ Provided: ☐ No Limitations ☒ With Limitations\*  
☐ Not Provided

c. Prosthetic and Orthotic Devices

☒ Provided ☐ No Limitations ☒ With Limitations\*  
☐ Not Provided

d. Eyeglasses

☒ Provided ☐ No Limitations ☒ With Limitations\*  
☐ Not Provided

\*Description provided on attachment

TN No. 95-06

Approval Date 6-29-95 Effective Date 04-01-95

Supersedes

TN No. 92-21

HCFA ID: 0069P/0002P

AMOUNT, DURATION AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

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\*Description provided on attachment

TN No. 88-5  
Supersedes  
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AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

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c. Preventive services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Skilled nursing facility services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Intermediate care facility services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

\*Description provided on attachment.

TN No. \_\_\_\_\_  
Supersedes \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date 06/01/85  
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79-27 (14)  
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State Rep. 15 Date Eff. 6/1/85  
HCFA ID: 0069P/0002P

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

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17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

\*Description provided on attachment.

TN No. 87-7  
Supersedes  
TN No. 86-12

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